

EMPLOYER ACKNOWLEDGEMENT OF WAGE WITHHOLDING

(Return to Michigan Guaranty Agency within 30 days)

In regards to the Student Loan Debt of: Name: _____

Account #: _____

Account CIN: _____

I acknowledge receipt of this order for the withholding of the disposable pay of the above referenced employee each pay period.

Printed Name: _____ on behalf of

Business Name: _____

The above named person is an employee of this company.

Payments of approximately \$ _____ (Line 10 from AWG Worksheet) will be forwarded to the Michigan Guaranty Agency on a _____ (Weekly / Biweekly / Monthly / Other) basis.

The correct business office and official to receive future notices and updates on this matter, and their office address and telephone number are:

The preceding order was forwarded to that office on _____

The above named person is no longer employed by this company and:

Involuntarily terminated employment on _____

Voluntarily terminated employment on _____

For the following reason: _____

Employee's Last Known Address: _____

New Employer Name, Address & Telephone: _____

Signature: _____ Date: _____

Telephone Number: _____ FAX Number: _____

Remit payments to: Michigan Guaranty Agency
P.O. Box 16325
Lockbox 7096
St. Paul, MN 55116-0325

Send all correspondence to: Michigan Guaranty Agency
P.O. Box 30047
Lansing, MI 48909

Telephone: 800-642-5626, Option 3 for AWG
FAX: 517-373-1304